

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

RECEIVED

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Mission Equality and Democracy LLC

ADDRESS (number and street)

478 E Altamonte Dr 108-324



Check if different than previously reported. (ACC)

Altamonte Springs

CITY

FL

STATE

32701

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

For Candidates Only

5. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☒ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7) and/or Semi-annual Report

☐ Oct 20 (M10)

☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Special (12S)

☐ Convention (12C)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

This report also covers the semi-annual period

☐ See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

This report also covers the semi-annual period

☐ See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

This report covers

07 01 2014

through

09 30 2014

and/or

☐ January 1 - June 30

☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-annual Covered Period

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Joaquin Torres

Signature of Treasurer

[Signature]

Date

10 14 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3L

02/2009